

08



## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (703) 746-4000

	E ADDRESS (Note: Use Block 1 for any	change of address)		Note: A certificate of Fee(s) Transmittal. The papers. Each addition	f mailing can only be used finis certificate cannot be used all paper, such as an assignment	or domestic mailings of the for any other accompanying ent or formal drawing, must
	590 05/19/2005	01	P X	have its own certificat	al paper, such as an assignmente of mailing or transmission.	or round arewing, mast
	SIEFFERT, P. A.	/ 011	6	Ce	rtificate of Mailing or Trans	mission
8425 SEASONS P.	ARKWAY		(S)	States Postal Service	his Fee(s) Transmittal is bein with sufficient postage for fir il Stop ISSUE FEE address PTO (703) 746-4000, on the o	st class mail in an envelope
SUITE 105	125	Alle 2	2 2000 0	addressed to the Ma transmitted to the USI	il Stop ISSUE FEE address PTO (703) 746-4000, on the	above, or being facsimile late indicated below.
ST. PAUL, MN 55125 /2005 LWDNDIM2 00000061 09862992		AUG 2 2 2005 %		Karen Sorensen (Depositor's name)		
SOAT FARMATUE ACCOU	001 0300E33E	AUG 2	- TIME A			` ` ` `
:1501	1400.00 DP	VOT .	OK OX	Tax	norena	
:1504 : <del>8001</del>	300.00 OP	RADE	MADI	$\Box$	Higuest 1	(Date)
APPLICATION NO.	FILING DATE	FIRST	NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/862,992	05/22/2001	David Dines			1017-004US02	7511
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300		\$1700	08/19/2005
EXAMINER		ART UNIT		ASS-SUBCLASS	7	
ZEENDER, I	FLORIAN M	3627		705-020000	_	
Change of correspondence address or indication of "Fee Address" (37 FR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
rumber is required.		RINTED ON THE PA	ATENT (print o	r type)		<del></del>
<u> </u>	RESIDENCE DATA TO BE I		<b>(</b>	•• ,		
ASSIGNEE NAME AND PLEASE NOTE: Unless	RESIDENCE DATA TO BE I an assignee is identified below 37 CFR 3.11. Completion of the	v. no assignee data w	ill appear on t stitute for filing	ne patent. If an assigr g an assignment.	nee is identified below, the d	ocument has been filed for
ASSIGNEE NAME AND PLEASE NOTE: Unless	an assignee is identified below 37 CFR 3.11. Completion of the	v, no assignee data w his form is NOT a sub	stitute for filin	ne patent. If an assign g an assignment.  Y and STATE OR CO	·	ocument has been filed for
ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI	an assignee is identified belo 37 CFR 3.11. Completion of t	v, no assignee data w his form is NOT a sub (B) RESI	stitute for filin	g an assignment. Y and STATE OR CO	UNTRY)	
ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI  Cargil ease check the appropriate	an assignee is identified belo 37 CFR 3.11. Completion of t EE 1, Inc. assignee category or categories	v, no assignee data w his form is NOT a sub (B) RESI Mir (will not be printed o	stitute for filing DENCE: (CIT Theapol on the patent):	g an assignment. Y and STATE OR CO	UNTRY)	
ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI  Cargil ease check the appropriate The following fee(s) are	an assignee is identified belo 37 CFR 3.11. Completion of t EE 1, Inc. assignee category or categories	v, no assignee data whis form is NOT a sub (B) RESI Mir (will not be printed on 4b. Paym	DENCE: (CIT  DENCE: (CIT  DENCE: (CIT  DENCE: (CIT  DENCE: (CIT  DENCE: (CIT	is, Minne:	UNTRY)  SOta  orporation or other private gr	
ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI  Cargil ease check the appropriate The following fee(s) are	an assignee is identified belo 37 CFR 3.11. Completion of the EE  1, Inc. assignee category or categories enclosed:	w, no assignee data whis form is NOT a sub- (B) RESI Mir (will not be printed or 4b. Paym	DENCE: (CIT  DENCE	is, Minne:	UNTRY)  Sota  orporation or other private gracelosed.	
ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI  Cargil ease check the appropriate The following fee(s) are of the second sec	an assignee is identified belo 37 CFR 3.11. Completion of the EE  1, Inc. assignee category or categories enclosed: mall entity discount permitted)	w, no assignee data whis form is NOT a sub- (B) RESI Mir (will not be printed or 4b. Paym Pagara	DENCE: (CIT DENCE: (CIT DENCE	is, Minne: Individual Company of the fee(s) is erable authorized by a serable	Sota corporation or other private gracelosed. 8 is attached.	oup entity Government  credit any overpayment, to
ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGNI  Cargil ease check the appropriate The following fee(s) are of the second publication Fee (No so Advance Order - # of Change in Entity Status	an assignee is identified belo 37 CFR 3.11. Completion of the EE  1, Inc. assignee category or categories enclosed: mall entity discount permitted)	w, no assignee data whis form is NOT a sub- (B) RESI Mir (will not be printed or 4b. Paym A A Pa Th Depos	DENCE: (CIT DENCE: (CIT DENCE: (CIT DENCE): In the patent): ent of Fee(s): check in the an yment by credit the Director is he it Account Nur	is, Minne; Individual Location of the fee(s) is erected authorized by comber 50-1776	Sota corporation or other private gracelosed. 8 is attached.	oup entity Government  credit any overpayment, to opy of this form).
ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGNI  Cargil ease check the appropriate The following fee(s) are of the substitution	an assignee is identified belog 37 CFR 3.11. Completion of the EE  1, Inc. assignee category or categories enclosed: mall entity discount permitted) Copies 3  (from status indicated above)	w, no assignee data whis form is NOT a sub- (B) RESI Mir (will not be printed of 4b. Paym A A A A A A A A A A A A A A A A A A A	DENCE: (CIT DENCE:	is, Minnes  Individual Concept acard. Form PTO-2033  ereby authorized by concept acard. Form PTO-2034  ereby authorized by concept acard. Form PTO-2034  longer claiming SMA	UNTRY)  SOta orporation or other private grandlesed. 8 is attached. charge the required fee(s), or experience an extra control of the control	credit any overpayment, to opy of this form).
ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGNI  Cargil ease check the appropriate The following fee(s) are of the following fee (s) are of the followi	an assignee is identified belo 37 CFR 3.11. Completion of the EE  1, Inc. assignee category or categories enclosed: mall entity discount permitted) Copies	w, no assignee data whis form is NOT a sub- (B) RESI Mir (will not be printed of 4b. Paym A A A A A A A A A A A A A A A A A A A	DENCE: (CIT DENCE:	is, Minnes Individual Company Count of the fee(s) is erect card. Form PTO-2033 ereby authorized by comber 50-177 longer claiming SMA re-apply any previouslan the applicant; a reg	UNTRY)  SOta orporation or other private grandlesed. 8 is attached. charge the required fee(s), or experience an extra control of the control	credit any overpayment, to opy of this form).  FR 1.27(g)(2).  tion identified above. he assignee or other party in

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.